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PURPOSE:

- To provide a mechanism for obtaining fair reimbursement for services rendered to all patients.
- To provide guidelines to be considered when establishing patient eligibility for uncompensated or discounted services for uninsured or underinsured indigent and charity patients.

PROCEDURE:

1. Requirements for Consideration of Indigent or Charity Services
 - a. The indigent patient must meet the indigent income levels of 125% of the Federal Poverty Guidelines (for appropriate family size) as defined below for the year 2011, or subsequent years as those guidelines are updated by the Federal government.
 - b. The charitable patient must have an income level greater than 125% of the Federal Poverty Guidelines, for his or her family size, but less than 400% of the Federal Poverty Guidelines.
 - c. An indigent or charitable patient has no other source of governmental, insurance or other third-party reimbursement for all or the portion of his or her bill that is written-off or discounted pursuant to this policy. An income qualified indigent or charity patient may be so qualified, however, for services rendered in excess of (or excluded from) that patient's defined benefits under any governmental or insurance coverage.
 - d. The patient and/or staff member working with the patient should document his or her income by the best available information in his/her possession, such as W-2 form, pay stub, tax return, Medicaid card, or other similar documentation of income level. Persons seeking a discount under this policy should fill out a form that attests to his or her income and family size and the social worker or intake personnel may make his or her own determination whether the income and family size information is accurate and correct, in the absence of documentation of income. The social worker should so indicate in the patient's file that this determination has been made. In the event that the hospice is prohibited from obtaining detailed information concerning a particular patient, an appropriate staff member may make a determination of the patient's status as an indigent or charity case based on the totality of the patient's circumstances. As applicable, the indigent or charity patient's file shall also retain the income form filled out by the patient, including written documentation of the patient's income, if any.
 - e. The hospice should provide a copy of it to any patient upon request and to any patient the social worker or intake personnel deems may benefit from it.
2. Poverty Guidelines are released every year in late January. They are issued each year in the *Federal Register* by the Department of Health and Human Services (HHS). The current year guidelines may be found at: <http://aspe.hhs.gov/poverty/index.shtml>
3. 2015 Poverty Guidelines for the 48 Contiguous States and the District of Columbia are as follows:

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2015 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA	
Persons in family/household	Poverty guideline
For families/households with more than 8 persons, add \$4,160 for each additional person.	
1	\$11,770
2	15,930
3	20,090
4	24,250
5	28,410
6	32,570
7	36,730
8	40,890

4. Patients are required to disclose all circumstances surrounding insurance, third party coverage, assets, liabilities, guarantors, and any other factors. Guarantors may include immediate family, relatives, friends, significant others, individuals involved in accidents or liability coverage or the responsible party in the case of a pregnancy.
5. If the patient is eligible for any state or federal assistance and has not applied to the program, application should be made prior to consideration for uncompensated services. Indigent or charity status may be provisionally granted while eligibility for other governmental assistance programs is sought.
6. Patients who fail to cooperate fully in obtaining assistance will be ineligible for uncompensated services and efforts will ensue to collect payment for all services rendered until appropriate income information is obtained to demonstrate qualification for indigent or charity status.
7. Approval for Indigent Care:
 - ***Patients meeting guidelines for consideration for indigent or charity care may be prospectively approved by the agency Director of Operations for care up to \$1,000.***
 - Patients meeting guidelines for consideration for indigent or charity care that exceed \$1,000 but are less than \$5,000 are to be prospectively approved by the AVP.
 - If the amount of services exceeds \$5,000, the approval of the corporate office or the Senior Vice-President of Operations/designee, should be obtained.

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- A log of pre-approved indigent or charity patients and amount of charges for discounted services to such patient shall be maintained.
- AMS system- Indigent patients are setup in AMS2 with the payor code of INDIGENT. AMS2 will automatically mark any visits as non-billable. Charity patients are to be setup as self pay and the discounted rate input into CIS. Payor verification will be responsible for setting up the discounted rate in AMS2.
- HCHB system- Indigent patients are set up in HCHB with the payor type of PRIVATE INDIGENT and Payor source CHARITY. The payor source has been set up so that it will automatically adjust financial reports to reflect this revenue.

8. Reporting of Indigent/Charity Care. Where the organization has made a minimum indigent/charity care commitment as part of a certificate of need application, indigent and charity care provided by the organization should be credited to the various, respective commitments and reported to the applicable state regulatory agency. In the event that indigent/charity care provided by the organization, has not been previously allocated or reported, it may be carried over and applied to subsequent commitment periods.

Income Documentation Verification

In order to satisfy regulatory requirements, it is necessary for Amedisys to obtain information related to its patient's income and family size. This information is maintained in the strictest confidence and is utilized solely to compile aggregated, non-personally identifiable reports to States requiring this information. Should you have any questions about this form, please contact Amedisys' Chief Compliance Officer at 1-800-464-0020.

AGENCY LOCATION: _____

PATIENT ID #: _____

ANNUAL INCOME: (This should include any insurance, third party coverage, guarantors, or any other factor.)

- ☐ \$ 0 - \$12,000
 ☐ \$30,001 - \$40,000
 ☐ \$60,001 - \$70,000
 ☐ \$90,001 - \$100,000
☐ \$12,001 - \$20,000
 ☐ \$40,001 - \$50,000
 ☐ \$70,001 - \$80,000
 ☐ \$100,001 - \$120,000
☐ \$20,001 - \$30,000
 ☐ \$50,001 - \$60,000
 ☐ \$80,001 - \$90,000
 ☐ \$120,001 - above

FAMILY SIZE: _____
(persons)

I hereby attest and certify that the foregoing information is true, accurate, and complete to the best of my knowledge, information, and belief.

Patient Signature

Date

SUPPORTING DOCUMENTATION PROVIDED (check all that apply):

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☐ **W-2**
☐ **Tax Return**
☐ **Other(Specify)**
☐ **Pay Stub**
☐ **Medicaid Card**
☐ **None.**

[The undersigned agency Director has made a determination regarding the accuracy and correctness of the foregoing income and family size information or is otherwise satisfied that the above-referenced patient meets Indigent and/or Charity Care Thresholds under Amedisys policy.]

Social Worker
Date

Income Documentation Attestation

Where circumstances prohibit Amedisys from securing detailed information concerning the income and family size of a particular patient, a Director of Operations is permitted to make a determination that the patient qualifies for classification as Indigent or Charity Care based on the totality of their circumstances reflecting income at or below the guidelines established in Amedisys' Indigent and Charity Policy.

AGENCY LOCATION: _____

PATIENT ID #: _____

I hereby attest and certify that I have made a reasonable inquiry into the financial situation, including annual income and family size of the foregoing patient with respect to the patient's qualification for treatment as an indigent patient (125% of Federal Poverty Guidelines) or charitable patient (400% of Federal Poverty Guidelines). I am satisfied that the patient qualifies for treatment as an indigent patient or charitable patient.

Director of Operations
Date

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